

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004543

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 281

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Clayton

Mo.

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Louis C. Hospital

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY:

St. Louis

c. CITY

OR
TOWN

Kirkwood

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

322 S. Taylor Ave

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Joseph

Zampier

4. DATE
OF DEATH

Month

Day

Year

Jan. 20, 1963

5. SEX

Male

6. COLOR OR RACE

Col.

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

4-12-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

9 8

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Gray Summit Mo.

U.S.A

13a. FATHER'S NAME

John Wesley Zampier

13b. MOTHER'S MAIDEN NAME

Ellen Tyler

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

318 Alphonso

17. INFORMANT

Robertville MO.

318 Alphonso Zampier R.1 Bx.47

18. CAUSE OF DEATH (Enter only one cause please)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

1-7-63

Death occurred at

1-20-63 2:18 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

H.R. Gilchrist, M.D.

22b. ADDRESS

601 S. Brentwood Clayton 5 Mo

22c. DATE SIGNED

1-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-26-1963

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cem.

23d. LOCATION (City, town, or county)

Crestwood Mo

24. FUNERAL DIRECTOR

ADDRESS

John W. Hemphill 408 S. Fillmore

25. DATE RECD. BY LOCAL REG.

1-25-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Teoffice E. Cooper Sr.

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.